Exhibit 5P

Report ID: EC9CMI87
Program: EC97L187

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PENDED ENCOUNTERS SUMMARIZED AGING REPORT
(SORTED BY HEALTH PLAN, FORM TYPE, PEND TYPE)

PAGE: 1
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15:50

HEALTH PLAN ID : 110185

| FORM TYPE | 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 121-150 DAYS | 151-180 DAYS | 181-240 DAYS | 241-360 DAYS | OVER 360 | TOTAL PENDS | 0-120 DAYS | OVER 120 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 230 | 55 | 0 | 20 | 10 | 0 | 55 | 0 | 4 | 376 | 307 | 69 |
| C | 2 | 5 | 0 | 40 | 0 | 0 | 5 | 0 | 0 | 52 | 47 | 5 |
| D | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I | 10 | 0 | 0 | 60 | 40 | 0 | 0 | 0 | 0 | 110 | 70 | 40 |
| L | 0 | 20 | 0 | 80 | 0 | 0 | 15 | 0 | 0 | 115 | 100 | 15 |
| O | 12 | 15 | 0 | 100 | 0 | 0 | 0 | 0 | 2 | 129 | 127 | 2 |
| O | 150 | 350 | 0 | 250 | 0 | 0 | 0 | 0 | 0 | 750 | 750 | 0 |
| HEALTH PLAN TOTALS | 404 | 445 | 0 | 550 | 50 | 0 | 75 | 0 | 6 | 1532 | 1401 | 131 |